



**APPLICATION FOR TAX REBATE UNDER THE CITY OF WICHITA  
NEIGHBORHOOD REVITALIZATION PROGRAM**

**1-4-2011**

(Please Print or Type)



**PART 1- CONTACT AND PROPERTY INFORMATION**

OWNER'S NAME \_\_\_\_\_ DAYTIME PHONE NO. \_\_\_\_\_  
OWNER'S MAILING ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
ALTERNATE PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
PROPERTY ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SCHOOL DIST. NO. \_\_\_\_\_ PARCEL IDENTIFICATION NUMBER \_\_\_\_\_  
LEGAL DESCRIPTION \_\_\_\_\_

(Take Parcel ID number and legal description from your tax statement or call the County Clerk's Office)

PROPERTY USE (Check two)

☐ RESIDENTIAL ☐ NON-RESIDENTIAL

☐ RENTAL ☐ OWNER OCCUPIED

IS PROPERTY LISTED ON HISTORICAL  
REGISTER OR IN A HISTORIC DISTRICT?

☐ NO ☐ YES (Attach proof)

**PART 2--PROPOSED IMPROVEMENTS**

(Be specific and use additional sheets if necessary)

IMPROVEMENTS	BUILDING PERMIT VALUE
_____	\$ _____
_____	\$ _____

TOTAL BUILDING PERMIT VALUE \$ \_\_\_\_\_

PROJECTED DATE OF COMPLETION \_\_\_\_\_ ☐ ACTUAL ☐ ESTIMATED

LIST BUILDINGS TO BE DEMOLISHED \_\_\_\_\_

IF DEMOLISHING A RESIDENTIAL STRUCTURE, COMPLETE THE FOLLOWING:

NUMBER OF DWELLING UNITS \_\_\_\_\_

(LIST TENANTS OCCUPYING THE BUILDING WHEN PURCHASED, IF KNOWN OR PRESENT TENANTS)

TENANT	DATE OF OCCUPANCY
_____	_____
_____	_____
_____	_____

CONSTRUCTION TO BEGIN ON \_\_\_\_\_

WRECKING PERMIT NO. /BUILDING PERMIT NO. \_\_\_\_\_

(ATTACH COPY- MUST BE W/IN 180 DAYS OF APPLICATION DATE)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)